

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re: WILLIAM R. HOLDEN, JR.	§	Case No. 17-80964
	§	
	§	
Debtor(s)	§	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, Chapter 13 Trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The Trustee declares as follows:

- 1) The case was filed on 04/24/2017.
- 2) The plan was confirmed on 07/28/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on 02/08/2018.
- 4) The Trustee filed action to remedy default by the debtor(s) in performance under the plan on 02/01/2018, 03/22/2018, 05/31/2018, 07/19/2018.
- 5) The case was converted on 06/19/2018.
- 6) Number of months from filing or conversion to last payment: 6.
- 7) Number of months case was pending: 14.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$0.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the Trustee relating to this case have NOT cleared the bank.

Receipts:

Total paid by or on behalf of the debtor(s)	\$ 6,750.00	
Less amount refunded to debtor(s)	\$ 36.51	
NET RECEIPTS		\$ 6,713.49

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 3,932.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 591.87	
Other	\$ 0.00	
TOTAL EXPENSES OF ADMINISTRATION		\$ 4,523.87
Attorney fees paid and disclosed by debtor(s):	\$ 0.00	

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
DAVID H CARTER	Lgl	4,000.00	4,000.00	4,000.00	3,932.00	0.00
ILLINOIS DEPARTMENT OF	Pri	1,499.21	170.15	170.15	170.15	0.00
ILLINOIS DEPARTMENT OF	Uns	0.00	454.59	454.59	44.38	0.00
INTERNAL REVENUE SERVICE	Pri	100.00	NA	NA	0.00	0.00
ADVOCATE HEALTH CARE	Uns	2,866.57	NA	NA	0.00	0.00
ALMI AT ST CHARLES	Uns	2,648.00	NA	NA	0.00	0.00
AMERICAN INFOSOURCE	Uns	248.36	NA	NA	0.00	0.00
AMLI	Uns	843.79	NA	NA	0.00	0.00
BARRINGTON CARDIOLOGY	Uns	3,066.00	NA	NA	0.00	0.00
CENTEGRA HOSPITAL - MCHENRY	Uns	3,000.00	NA	NA	0.00	0.00
CENTEGRA NIMC	Uns	3,000.00	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Uns	585.00	NA	NA	0.00	0.00
CHASE BANK USA NA	Uns	1,789.00	NA	NA	0.00	0.00
DELNOR COMMUNITY HOSP	Uns	1,267.35	NA	NA	0.00	0.00
DELNOR COMMUNITY HOSPITAL	Uns	200.00	NA	NA	0.00	0.00
DENTAL CONCEPTS PRO	Uns	637.00	NA	NA	0.00	0.00
DENTALWORKS	Uns	891.00	NA	NA	0.00	0.00
DR GURBAX SAINI MD	Uns	534.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
BLITT & GAINES PC	Uns	8,187.43	14,822.78	14,822.78	1,822.49	0.00
HSBC BANK	Uns	745.00	NA	NA	0.00	0.00
ILLINOIS TOLLWAY AUTHORITY	Uns	87.00	NA	NA	0.00	0.00
JOHNSBURG DENTAL CENTER	Uns	27.00	NA	NA	0.00	0.00
LABORATORY PHYSICIANS	Uns	247.00	NA	NA	0.00	0.00
LAKE / MCHENRY PATHOLOGY	Uns	504.00	NA	NA	0.00	0.00
LINCOLN AFS	Uns	3,666.00	NA	NA	0.00	0.00
MAIN STREET ACQUISITION	Uns	1,774.00	NA	NA	0.00	0.00
MCHENRY TOWNSHIP FIRE	Uns	505.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE	Uns	585.00	NA	NA	0.00	0.00
PRO DENTAL CONCEPTS	Uns	637.00	NA	NA	0.00	0.00
QUEST DIAGNOSTICS	Uns	169.00	NA	NA	0.00	0.00
SHORT TERM LOANS LLC	Uns	627.00	666.14	666.14	81.90	0.00
ST CHARLES UTILITIES	Uns	135.00	NA	NA	0.00	0.00
STATE COLLECTION SERVICE	Uns	4,277.00	NA	NA	0.00	0.00
TRI-CITY RADIOLOGY	Uns	106.00	NA	NA	0.00	0.00
US DEPARTMENT OF EDUCATION	Uns	1,267.00	NA	NA	0.00	0.00
DENNIS A BREBNER & ASSOCIATES	Uns	575.00	575.00	575.00	70.70	0.00
WASHINGTON MUTUAL	Uns	1,357.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 0.00	\$ 0.00	\$ 0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 170.15	\$ 170.15	\$ 0.00
TOTAL PRIORITY:	\$ 170.15	\$ 170.15	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 16,518.51	\$ 2,019.47	\$ 0.00

Disbursements:

Expenses of Administration	\$ 4,523.87	
Disbursements to Creditors	\$ 2,189.62	
TOTAL DISBURSEMENTS:		\$ 6,713.49

12) The Trustee certifies that the foregoing summary is true and complete and all administrative matters for which the Trustee is responsible have been completed. The Trustee requests that the Trustee be discharged and granted such other relief as may be just and proper.

Date: 06/27/2018

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.